03/17/2011 13:55

Image# 11990306232

FEC FORM 3X

NAME OF

COMMITTEE (in full)

ADDRESS (number and street)

Check if different than previously

reported. (ACC)

C00106146

TYPE OF REPORT

(a) Quarterly Reports:

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Type or Print Name of Treasurer

October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE)

July 31 Mid-Year

Report(Non-election Year Only) (MY)

Termination Report

02

Electronically Filed by

Quarterly Report(Q1)

Quarterly Report(Q2)

(Choose One)

FEC IDENTIFICATION NUMBER

American Hospital Association PAC

Suite 700

Washington

(b) Monthly

(c)

(d)

0 1

Report

Due On:

1.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only **USE FEC MAILING LABEL** Example: If typing, type OR TYPE OR PRINT ₩ over the lines 325 Seventh Street, NW DC 20004 **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** Χ REPORT OR (N) (A) Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12S) in the Election on State of 30-Day Runoff (30R) Post -Election General (30G) Special (30S) Report for the: in the Election on State of 2011 02 28 2011 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Ms. Melinda Hatton 03 17 2011 Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/62

Write or Type Committee Name American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D [®] D 02 0 1 2011 0.2 28 2011 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011 Y 1836473.19 January 1 (b) Cash on Hand at 1952334.04 Begining of Reporting Period 115799.72 248014.21 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 2068133.76 2084487.40 6(a) and 6(c) for Column B) 92814.54 109168.18 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1975319.22 1975319.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 62

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м 0 2

From:

D D D

2 0 1 1

To:

м м 0 2 D D 28

Y Y Y Y 2 0 1 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	65006.51	82409.71
	(ii) Unitemized	14381.83	19907.20
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	79388.34	102316.91
(t	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	79388.34	102316.91
	ransfers From Affiliated/Other arty Committees	35000.00	144200.00
3. A	Il Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	1334.52	1334.52
to	o Federal candidates and Other colitical Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	76.86	162.78
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	115799.72	248014.21
	otal Federal Receipts ubtract Line 18(c) from Line 19)	115799.72	248014.21

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 62

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	314.54	768.18
	Expenditures(c) Total Operating Expenditures		700.10
	(add 21(a)(i), (a)(ii) and (b))	314.54	768.18
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	92500.00	108400.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(.) . 33374 3714 3	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	92814.54	109168.18
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	92814.54	109168.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 62

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Total Contributions (other than loans) from Line 11(d), page 3)	79388.34	102316.91
_	Total Contribution Refunds (from Line 28(d))	0.00	0.00
	Net Contributions (other than loans) (subtract Line 34 from Line 33)	79388.34	102316.91
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	314.54	768.18
	Offsets to Operating Expenditures (from Line 15, page 3)	1334.52	1334.52
	Net Operating Expenditures (subtract Line 37 from Line 36)	-1019.98	-566.34

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 62 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Bruce Schwartz Mailing Address 39 Sheldon Street City Ardsley FEC ID number of contributing federal political committee. Name of Employer Montefiore Medical Center Receipt For: Primary General Other (specify)	State Zip Code NY 10502-2504 C Occupation Executive Vice Chair Psychiatry Aggregate Year-to-Date 500.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Mr. Todd Krass Mailing Address 17065 South 71 Highv City Belton FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y 0 2 2 0 1 1 Transaction ID: 18896139 Amount of Each Receipt this Period 350.00
Name of Employer Research Belton Hospital Receipt For: Primary Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 350.00	
Full Name (Last, First, Middle Initial) Mr. David T Vandewater Mailing Address 1 Burton Hills Blvd, St	re 250	Date of Receipt 0 2 0 2 2 0 1 1
City Nashville FEC ID number of contributing federal political committee.	State Zip Code TN 37215-6195	Transaction ID: 18898329 Amount of Each Receipt this Period 1000.00
Name of Employer Ardent Health Services Receipt For: □ Primary □ General Other (specify) ▼	Occupation President and Chief Executive Office Aggregate Year-to-Date 1000.00	r]
SUBTOTAL of Receipts This Page (optional) .		1850.00

SCHEDULE A (FEC Forn ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold or used by any persor using the name and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial) Mr. Anthony L Spezia		Date of Receipt
Mailing Address 100 Fort Sand		02 03 7 2011
City	State Zip Code	Transaction ID: 18898400
Knoxville	TN 37922-3353	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Covenant Health	Occupation President and Chief Executive Officer]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Traci Willis		Date of Receipt
Mailing Address 304 Plaza Muc	chamos	02 04 2011
City	State Zip Code	Transaction ID: 18898655
Bernalillo	NM 87004-6628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Lovelace Rehabilitation Hospital	Occupation Chief Executive Officer]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Martha Enriquez		Date of Receipt
Mailing Address P.O. Box 1400	1	02 07 2011
City	State Zip Code	Transaction ID: 18904968
<u>Salem</u>	OR 97309-5014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Salem Health	Occupation Chief Nursing Officer and Vice Preside	- -
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
CURTOTAL of Possieta This Page /-	ptional)	2000.00
	e number only)	

SCHEDULE A (FEC Form 3X)

City State Zip Code San Diego CA 92103-9000 FEC ID number of contributing federal political committee. Name of Employer University of California San Diego Med Receipt For: Primary		(check only one) X 11a 11b	Use separate schedule(s) for each category of the Detailed Summary Page)	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	
A. Drangela L Scioscia, MD Mailing Address 200 West Arbor Drive City State Zip Code CA 92103-9000 FEC ID number of contributing federal political committee. Name of Employer University of California San Diego Med Receipt For: Primary General Other (specify) ▼	soliciting contributions rom such committee.	n for the purpose of soliciting solicit contributions from su	y not be sold or used by any persor dress of any political committee to s	the name and add	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	or for co
Name of Employer University of California San Diego Med Receipt For: Primary General Gen	0 9 2 0 1 1 0: 18907289	0 2 0 9 Transaction ID: 1890	•	State	Dr Angela L Scioscia, MD Mailing Address 200 West Arbor Drive City	Mailir City
Ms. Pamela T. Rudisill Mailing Address 17225 Royal Court Drive City State Zip Code Davidson NC 28036-7843 FEC ID number of contributing federal political committee. Name of Employer Health Management Associates Receipt For: Primary General Other (specify) ▼ City State Zip Code NC 28036-7843 Amount of Each Receipt this Pr Cocupation Vice President Nursing/Patient Safety Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. John M Harris Mailing Address 1551 N. Waterfront Parkway, Suite City State Zip Code Wichita KS 67206-4467 FEC ID number of contributing federal political committee. Name of Employer BKD, LLP Partner Receipt For: Primary General Occupation Partner Aggregate Year-to-Date ▼ Transaction ID: 18912830 Amount of Each Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	350.00	_	dical Officer • Year-to-Date ▼ 350.00	Occupation Chief Med	Name of Employer University of California San Diego Med Receipt For: Primary General	feder Name Unive San
Davidson NC 28036-7843 Amount of Each Receipt this Pr FEC ID number of contributing federal political committee. Name of Employer Health Management Associates Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. John M Harris Mailing Address 1551 N. Waterfront Parkway, Suite City State Zip Code Wichita KS 67206-4467 FEC ID number of contributing federal political committee. Name of Employer BKD, LLP Name of Employer BKD, LLP Receipt For: Primary General Occupation Partner Receipt For: Aggregate Year-to-Date ▼ Cocupation Partner Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	04	02 04	7in Code		Ms. Pamela T. Rudisill Mailing Address 17225 Royal Court Dri	Ms. F Mailir
Receipt For: Primary General 1000.00		Amount of Each Rece	28036-7843	NC C Occupation	Davidson FEC ID number of contributing federal political committee. Name of Employer	Dav FEC feder
Mailing Address 1551 N. Waterfront Parkway, Suite City State Zip Code Wichita KS 67206-4467 FEC ID number of contributing federal political committee. Name of Employer BKD, LLP Receipt For: Primary General Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			e Year-to-Date ▼		Receipt For: Primary General	
City State Zip Code Wichita KS 67206-4467 FEC ID number of contributing federal political committee. Name of Employer BKD, LLP Receipt For: Primary General State Zip Code Transaction ID: 18912830 Amount of Each Receipt this Primary	D / Y Y Y Y	M M / D D /	9	Parkway, Suite	Mr. John M Harris	Mr. J
FEC ID number of contributing federal political committee. Name of Employer BKD, LLP): 18912830	Transaction ID: 189	•			-
Receipt For: Primary General Aggregate Year-to-Date 750.00	250.00				FEC ID number of contributing	FEC
Primary General 250,00		1	n		Name of Employer BKD, LLP	Name BKD
				Aggregate	Primary General	Rece
SUBTOTAL of Receipts This Page (optional)	1600.00))	SUBTOTAL of Receipts This Page (optional)	SUBTO

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Donna D. Poduska, MS, RN, CN		Date of Receipt
	Mailing Address 2430 Merino Court	0	02 / 04 / 2011
	City Fort Collins	State Zip Code CO 80526-1431	Transaction ID: 18912832 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Poudre Valley Hospital	Occupation Director of Resource Services	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Ms. Laura Caramanica	L	Date of Receipt
	Mailing Address S. Virginia Lane		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City	State Zip Code	Transaction ID: 18912833
	Unionville	CT 06085-1140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Westchester Medical Center	Occupation Senior Vice President, CNO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Ms. Linda B. Bolton		Date of Receipt
	Mailing Address 8700 Beverly Blvd.		02 04 2011
	City	State Zip Code	Transaction ID: 18912834
	West Hollywood	CA 90048-1865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Cedars-Sinai Medical Cent- er	Occupation Vice President Nursing&CNO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
			1850.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	American Hospital Association PAC		
۱.	Full Name (Last, First, Middle Initial) Ms. Dawn Straub Mailing Address 5713 N 115th Circle		Date of Receipt
			02 08 2011
	City Omaha	State Zip Code NE 68164-1466	Transaction ID: 18912835 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Nebraska Medical Center	Occupation Director, Nursing Resources & Dev	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Dean Schleicher Mailing Address 6880 Bayberry Crossin	1 20	Date of Receipt
		ig	02 14 2011
	City Owings	State Zip Code MD 20736-4310	Transaction ID: 18913904 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Calvert Memorial Hospital	Occupation Trustee	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
	Full Name (Last, First, Middle Initial) Mr. Trent Crable		Date of Receipt
	Mailing Address 900 23rd Street NW		0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 18918601
	Washington FEC ID number of contributing federal political committee.	DC 20037-2342	Amount of Each Receipt this Period 500.00
	Name of Employer George Washington Univers- ity Hospital	Occupation Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	IJRTOTAL of Receipts This Page (optional)		1350.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 11 / 62 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may e name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. David A Whitehead			Date of Receipt
Mailing Address 326 Washington Street	et		0 2 1 7 2 0 1 1
City	State	Zip Code	Transaction ID: 18918728
Norwich	CT	06360-2733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer William W. Backus Hospita-	Occupation		
<u>I, The</u> Receipt For:		t and Chief Executive Office	<u>r</u>
Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Mr. Thomas W Huebner			Date of Receipt
Mailing Address 160 Allen Street			02 17 2011
City	State	Zip Code	Transaction ID: 18918730
Rutland	VT	05701-4560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Rutland Regional Medical Center	Occupation Presiden	n t and Chief Executive Office	r
Receipt For:	-, '	Year-to-Date V	
Primary General Other (specify) ▼		350.00	
Full Name (Last, First, Middle Initial) Mr. Wayne B Griffith, , FACHE			Date of Receipt
Mailing Address P O Box 901			0 2 1 7 2 0 1 1
City	State	Zip Code	Transaction ID: 18919138
Princeton	WV	24740-1369	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Princeton Community Hospi- tal	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	

SCHEDULE A (FEC Form	for each o	rata aabadula(a)	Y
Any information copied from such Report or for commercial purposes, other than	orts and Statements may not be sold ousing the name and address of any p	or used by any person solitical committee to so	for the purpose of soliciting contributions plicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association			
Full Name (Last, First, Middle Initial Mr. Timothy Stack, FACHE			Date of Receipt
Mailing Address 2001 Peachtre	e Rd NE, 400		02 18 2011
City Atlanta	State Zip Cod GA 30309-		Transaction ID: 18919576 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Piedmont Healthcare	Occupation President and Chief	Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1000.00	
Full Name (Last, First, Middle Initial Ms. Carolyn W Caldwell	Date of Receipt		
Mailing Address 19600 East 39th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Cod		Transaction ID: 18919726
Independence FEC ID number of contributing federal political committee.	MO 64057-2	2301	Amount of Each Receipt this Period 500.00
Name of Employer Centerpoint Medical Center	Occupation		
	President and Chief		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial Mr. Robert Rose, RN, MS, NE			Date of Receipt
Mailing Address 602 Huntwick	_n		M M / D D / Y Y Y Y Y O 2 2 4 2 0 1 1
City	State Zip Cod		Transaction ID: 18922336
Tyler	TX 75703-5	5099	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Trinity Mother Frances Ho- spitals and C	Occupation Sr VP/Chief Nursing) Officer	
Receipt For: Primary General	Aggregate Year-to-Date	e ▼	
Other (specify) ▼		350.00	
SUBTOTAL of Receipts This Page (o			1850.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 62 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAG	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Jason Carlson Mailing Address 30 South Behl Street	et	Date of Receipt M
City <u>Appleton</u>	State Zip Code MN 56208-1616	Transaction ID: 18923462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Appleton Area Health Services Receipt For: Primary General Other (specify)	Occupation Chief Executive Officer Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Ms. Tania Daniels Mailing Address 2550 University Ave	Date of Receipt 0 2 1 4 2 0 1 1	
City	State Zip Code	Transaction ID: 18923464
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Minnesota Hospital Associ- ation	Occupation Vice President, Patient Safety	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.	1	Date of Receipt
Mailing Address 345 North Smith Av	/enue	02 / 14 / 2011
City <u>Sa</u> int Paul	State Zip Code MN 55102-2346	Transaction ID: 18924016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Children's Hospitals and Clinics of Mi	Occupation President and Chief Executive Office	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	•	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 62 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa		Date of Receipt
Mailing Address 2550 University Avenue	e W.	02 14 2011
City	State Zip Code	Transaction ID: 18924021
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Minnesota Hospital Associ- ation	Occupation President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D.	Date of Receipt	
Mailing Address 1406 Sixth Avenue Nor	rth	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18924505
Saint Cloud	MN 56303-1900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CentraCare Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. Stephen J. Pribyl, FACHE		Date of Receipt
Mailing Address 200 State Avenue		02 14 2011
City	State Zip Code	Transaction ID: 18924507
<u>Faribault</u>	MN 55021-6339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer District One Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persor e name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Para (Parair)
Mr. Tim Rice Mailing Address 49725 County 83		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18924508
<u>Staples</u>	MN 56479-5280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Lakewood Health System	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steve M. Ahnen	1	Date of Receipt
Mailing Address 125 Airport Road		02 14 2011
City	State Zip Code	Transaction ID: 18925230
Concord	NH 03301-7300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.51
Name of Employer New Hampshire Hospital As- sociation	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.84	
Full Name (Last, First, Middle Initial) Ms. Brenda Gail Summers	1	Date of Receipt
Mailing Address 1351 Anthem Court		02 14 2011
City <u>C</u> harlotte	State Zip Code NC 28205-7981	Transaction ID: 18925231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer The Greeley Company	Occupation Senior Consultant	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	•	641.51

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr Yvonne Kirk, BSN, PhD Mailing Address 2475 East Broadway	Street	Date of Receipt
City	State Zip Code	0 2 2 5 2 0 1 1 Transaction ID: 18925235
Helena	MT 59601-4928	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer St. Peter's Hospital	Occupation Vice President, Patient Care	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Smart, , DDS Mailing Address 318 Thompson Aven	110	Date of Receipt
	ue	02 22 2011
City	State Zip Code	Transaction ID: 18925237
EI Dorado FEC ID number of contributing federal political committee.	AR 71730-4569	Amount of Each Receipt this Period 500.00
Name of Employer Medical Center of South Arkansas	Occupation Chairman of the Board	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Verena Briley-Hudson, MN, RN		Date of Receipt
Mailing Address 539 Springwood Ln		02 25 25 2011
City	State Zip Code	Transaction ID: 18925239
Bolingbrook FEC ID number of contributing federal political committee.	IL 60440-1480	Amount of Each Receipt this Period 500.00
Name of Employer Veterans Affairs Chicago Health Care S	Occupation Dir, Office of Healthcare Inspections	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	>	1350.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 62 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to s	13 14 15 16 1 for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Dr. Cheryl L. Hoying, Ph.D., RN,		Date of Receipt
Mailing Address 1241 Ashland Aven	ue	02 22 2011
City	State Zip Code	Transaction ID: 18925240
<u>Dayton</u>	OH 45420-1503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Cincinnati Children's Hos- pital Medical Receipt For:	Occupation Senior Vice President, Patient Care Se Aggregate Year-to-Date ▼	<u>,</u>
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Kathleen D. Sanford, RN, DBA	•	Date of Receipt
Mailing Address 2659 Syracuse Cou	rt	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18925246
<u>Denver</u>	CO 80238-2421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Catholic Health Initiativ- es	Occupation CNO & Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Jack Ludmir		Date of Receipt
Mailing Address 800 Spruce Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18925252
<u>Philadelphia</u>	PA 19107-6130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pennsylvania Hospital	Occupation Chair, Obstetrics & Gynecology	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l) >	3000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 62 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Nancy A. Crawford, RHIA		Date of Receipt
Mailing Address 9050 Airline Highwa	.y	02 22 2011
City	State Zip Code	Transaction ID: 18925259
Baton Rouge FEC ID number of contributing federal political committee.	LA 70815-4103	Amount of Each Receipt this Period 350.00
Name of Employer Woman's Hospital	Occupation Senior Vice President	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Ms. Patricia A. Warner, MPH Mailing Address 1500 East Medical C	Center Drive	Date of Receipt 0 2 1 6 2 0 1 1
City	State Zip Code	Transaction ID: 18925262
Ann Arbor	MI 48109-5000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer University of Michigan Ho- spitals and H	Occupation Assoc. Director and Administrator	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Mr. Michael P. Guerin		Date of Receipt
Mailing Address One North Franklin		02 25 2011
City	State Zip Code	Transaction ID: 18925265
Chicago	IL 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice President and Secretary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)) >	950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Benorts and	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 19 / 62 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael V Sack		Date of Receipt
Mailing Address 585 Lebanon Street		02 07 2011
City	State Zip Code	Transaction ID: 18925292
Melrose	MA 02176-3225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Hallmark Health System	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ms. Sharon A. Gale, RN, MSN		Date of Receipt
Mailing Address 101 Cambridge Stre 220		02 07 2011
City	State Zip Code	Transaction ID: 18925293
Burlington FEC ID number of contributing federal political committee.	MA 01803-3766	Amount of Each Receipt this Period 262.50
Name of Employer Massachusetts Organization of Nurse Ex	Occupation Executive Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 262.50	
Full Name (Last, First, Middle Initial) Ms. Lynn B. Nicholas, FACHE		Date of Receipt
Mailing Address Five New England E	Executive Park	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18925294
Burlington	MA 01803-5010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1300.00
Name of Employer Massachusetts Hospital As- sociation	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
SUBTOTAL of Receipts This Page (optional) >	2312.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PA	AC	
Full Name (Last, First, Middle Initial) Mr. Michael E. Sroczynski, Esq. Mailing Address 681 East 5th Street	nt .	Date of Receipt
#2	5l	02 07 2011
City	State Zip Code	Transaction ID: 18925295
Boston	MA 02127-3201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Massachusetts Hospital As- sociation	Occupation Vice President, Government Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Mr. Jeff M. Dye	1	Date of Receipt
Mailing Address 2121 Osuna Rd N		02 08 7 2011
City	State Zip Code	Transaction ID: 18962640
Albuquerque	NM 87113-1001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer New Mexico Hospital Assoc- iation	Occupation President and Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Mr. Brian S Bentley		Date of Receipt
Mailing Address 1313 East 32nd S		02 08 2011
City	State Zip Code	Transaction ID: 18962641
Silver City	NM 88061-7251	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Gila Regional Medical Cen- ter	Occupation Chief Executive Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1100.00
	mber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 62 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Robert A Garcia			Date of Receipt
Mailing Address P O Box 26666			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State NM	Zip Code 87125-6666	Transaction ID: 18962642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07120 0000	250.00
Name of Employer Presbyterian Healthcare Services Receipt For: Primary General		sident, Regional Operations Year-to-Date	1
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
Mr. James H Hinton Mailing Address P O Box 26666			Date of Receipt 0 2 0 8 2 0 1 1
City	State	Zip Code	Transaction ID: 18962643
Albuquerque FEC ID number of contributing federal political committee.	C	87125-6666	Amount of Each Receipt this Period 500.00
Name of Employer Presbyterian Healthcare Services	Occupatio Presiden	n t and Chief Executive Office	 r
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Karen Lautermilch			Date of Receipt
Mailing Address 1020A Taylor Ave			02 08 2011
City Seattle	State WA	Zip Code 98109-3828	Transaction ID: 18962644 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Rehoboth McKinley Christi- an Health Car	 	ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	J)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Scott C Malaney Mailing Address 1900 South Main Stre City Findlay FEC ID number of contributing federal political committee. Name of Employer Blanchard Valley Health System Receipt For: Primary General Other (specify)	State Zip Code OH 45840-1214 C Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y O 2
Full Name (Last, First, Middle Initial) Mr. Bryan D. Hehemann Mailing Address 25 Hunter Woods Dr City Oxford FEC ID number of contributing federal political committee. Name of Employer McCullough-Hyde Memorial Hospital Receipt For: Primary General Other (specify)	State Zip Code OH 45056-9040 C Occupation President and CEO Aggregate Year-to-Date 417.50	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 2 0 1 1 Transaction ID: 18962650 Amount of Each Receipt this Period 417.50
Full Name (Last, First, Middle Initial) Mr. James R. Castle Mailing Address 815 Gatehouse Lane City Columbus FEC ID number of contributing federal political committee. Name of Employer Ohio Hospital Association Receipt For: Primary General Other (specify)	State Zip Code OH 43235-1733 C Occupation President & Chief Executive Officer Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 2 2 0 1 1 Transaction ID: 18962651 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)	>	1917.50

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements mag name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley Mailing Address 257 Clouse Lane City Granville	State OH	Zip Code 43023-1428	Date of Receipt M M
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
	Name of Employer Ohio Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n ice President e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Elizabeth A. Ryan, Esq. Mailing Address 4 Brookside Drive	!		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18974850
	Bordentown FEC ID number of contributing federal political committee.	NJ C	08505-4439	Amount of Each Receipt this Period 2000.00
	Name of Employer New Jersey Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		t & Chief Executive Officer Year-to-Date ▼ 2000.00]
- C.	Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D. Mailing Address 55 Fruit Street			Date of Receipt
	City	State	Zip Code	0 2 2 2 2 1 1 Transaction ID: 18974935
	<u>Boston</u>	MA	02114-2622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1125.00
	Name of Employer Massachusetts General Hos- pital	Occupatio Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1125.00	
	SUBTOTAL of Receipts This Page (optional)			3625.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person the name and address of any political committee to s	of for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Judith C Waterston, , MS		Date of Receipt
Mailing Address 150 York Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 18974936
Stoughton	MA 02072-1829	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer New England Sinai Hospital and Rehabil	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Mr. Al Allee		Date of Receipt
Mailing Address 319 East Josephine		M M / D D / Y Y Y Y Y Y Y O 2 23 2011
City	State Zip Code	Transaction ID: 18974947
<u>Frederick</u>	OK 73542-2220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Memorial Hospital and Phy- sician Group	Occupation Chief Executive Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Ms. Shelly Dunham	_	Date of Receipt
Mailing Address P O Box 489		0 2 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 18974949
Okeene	OK 73763-0489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Okeene Municipal Hospital	Occupation Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional		1125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 62 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Hospital Association PAC	d Statements may not be sold or used by any person he name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Gary W Mitchell Mailing Address 905 South Main Stre	eet	Date of Receipt Date of Receipt 2 3 2 1 1
City	State Zip Code	Transaction ID: 18974952
Shattuck FEC ID number of contributing federal political committee.	OK 73858-9205	Amount of Each Receipt this Period 500.00
Name of Employer Newman Memorial Hospital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Michael Nunamaker Mailing Address 2220 West Iowa Ave	enue	Date of Receipt 0 2 2 3 2 0 1 1
City	State Zip Code	Transaction ID: 18974953
Chickasha	OK 73018-2700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Grady Memorial Hospital	Occupation Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Descipt
Mr. Wayne Young Mailing Address 1500 S Main		Date of Receipt 0 2 2 8 2 0 1 1
City Fort Worth	State Zip Code TX 76104-4917	Transaction ID: 18974956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer JPS Health Network	Occupation Behavioral Health Service Line Adminis	\$
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 62 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by any personant name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Robin Henderson, PsyD Mailing Address 2500 Northeast Neff F City Bend FEC ID number of contributing federal political committee. Name of Employer St. Charles Medical Center - Bend Receipt For: Primary General	oad State Zip Code OR 97701-6015 C Occupation Director, Behavioral Health Services Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) Full Name (Last, First, Middle Initial) Mr. James A. Diegel, FACHE Mailing Address 2500 NE Neff Road City	State Zip Code	Date of Receipt 0 2 1 6 2 0 1 1 Transaction ID: 18974966
Bend FEC ID number of contributing federal political committee. Name of Employer St. Charles Health System, Inc. Receipt For: Primary General Other (specify) ▼	OR 97701-6015 C Occupation President and Chief Executive Office Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Richard Foster, MD Mailing Address 1000 Center Point Roa City Columbia	ad State Zip Code SC 29210-5802	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer South Carolina Hospital Association Receipt For: Primary General Other (specify)	Occupation Sr. Vice President Aggregate Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (optional)		1100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and Applications and App	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC		dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby Mailing Address 1000 Center Point F	Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 18974977
Columbia	SC	29210-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer South Carolina Hospital Association Receipt For: Primary General Other (specify)	Occupation President Aggregate		
Full Name (Last, First, Middle Initial) Ms. Patti Smoake Mailing Address 1000 Center Point F	Road		Date of Receipt
City	State	Zip Code	0 2 28 2011 Transaction ID: 18974980
Columbia	SC	29210-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer South Carolina Hospital Association	Occupation VP, Pub	n ic Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Mr. Allan Stalvey			Date of Receipt
Mailing Address 900 Gregg Street			M M / D D / Y Y Y Y Y Y Y Y Y Z Z Z Z Z Z Z Z Z Z
City Columbia	State SC	Zip Code 29201-3913	Transaction ID: 18974981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		650.00
Name of Employer South Carolina Hospital Association	Occupation Senior V	n ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional	(l(lr		1400.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 62 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr Patrick Boran			Date of Receipt
Mailing Address 3300 Oakdale Aven	ue North State	Zip Code	0 2 2 8 2 0 1 1 Transaction ID: 18974986
Robbinsdale	MN	55422-2926	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer North Memorial Health Care	Occupatio Chief Fin	n ancial Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Mary B. Maertens Mailing Address 300 South Bruce Str	reet		Date of Receipt
			02 28 2011
City	State	Zip Code	Transaction ID: 18974995
Marshall	MN	56258-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Avera Marshall Regional Medical Center	- + +	ecutive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Mr. Thomas K Prusak			Date of Receipt
Mailing Address 523 North Third Stre	eet		0 2 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 18974998
Brainerd	MN	56401-3098	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Joseph's Medical Cent- er	Occupatio Presiden	t	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 62 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Mr. Loren Taylor			Date of Receipt
Mailing Address 3300 Oakdale Aver	nue North		M M / D D / Y Y Y Y Y O D D / 28 2011
City Robbinsdale	State MN	Zip Code 55422-2926	Transaction ID: 18975000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		225.00
Name of Employer North Memorial Health Care	Occupation Chief Exe	n ecutive Officer	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) Ms. Jani M Wiebolt			Date of Receipt
Mailing Address 523 North Third Str	eet		02 28 2011
City	State	Zip Code	Transaction ID: 18975002
Brainerd FEC ID number of contributing federal political committee.	C	56401-3098	Amount of Each Receipt this Period 250.00
Name of Employer St. Joseph's Medical Cent-	Occupation Presiden	n t and Chief Executive Office	 r
er Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Steve Adriaanse			Date of Receipt
Mailing Address 3042 Fermanagh D	rive		0 2 2 4 2 0 1 1
City Tallahassee	State FL	Zip Code 32309-3333	Transaction ID: 18977690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	52000 0000	250.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation HR Admi	nistrator	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			725.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 30 / 62 (check only one) X 11a 11b 11c 12
Any information copied from such Descrite an	Detailed Summary Page	13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	, ,	
American Hospital Association PAG)	
Full Name (Last, First, Middle Initial) Mr. Paul Belcher		Date of Receipt
Mailing Address Route 15 Box 241		02 24 7 2011
City	State Zip Code	Transaction ID: 18977696
<u>Tallahassee</u>	FL 32311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1200.00
Name of Employer Florida Hospital Associat- ion	Occupation Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) Dr. William R. Bell, Jr.		Date of Receipt
Mailing Address Sacred Heart Healt 3640 Menendez Dr.	n System	0 2 2 4 2 0 1 1
City	State Zip Code	Transaction ID: 18977697
Pensacola	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Sacred Heart Health System	Occupation Sr. VP/General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Ms. Cynthia Blair		Date of Receipt
Mailing Address 7935 Preservation I	Road	02 24 2011
City	State Zip Code	Transaction ID: 18977699
Tallahassee	FL 32312-6766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
)	2450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 62 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	Statements may not be sold or used by any person ne name and address of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Date of Receipt
Ms. Martha DeCastro, RN, MS, CI Mailing Address 1036 Alameda Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18977706
Tallahassee	FL 32317-9577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Florida Hospital Associat- ion	Occupation VP, Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ms Barbara Flynn		Date of Receipt
Mailing Address 307 Park Lake Circle		02 24 2011
City	State Zip Code	Transaction ID: 18977712
Orlando	FL 32803-3923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Florida Hospital Associat- ion	Occupation VP, Health Info Mgmt Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mr. William A Giudice		Date of Receipt
Mailing Address 1300 Miccosukee Ro	ad	0 2
City <u>Tallahassee</u>	State Zip Code FL 32308-5093	Transaction ID: 18977715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation Chief Financial Officer and Vice Presi	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		1625.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and Applications and App	for each category of the Detailed Summary Page d Statements may not be sold or used by any persor	FOR LINE NUMBER: PAGE 32 / 62 (check only one) X
NAME OF COMMITTEE (In Full) American Hospital Association PAC	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ralph Glatfelter Mailing Address 7285 Heartland Circ	ele	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18977716
<u>Tallahassee</u>	FL 32312-7501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1800.00
Name of Employer Florida Hospital Association Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 1800.00	
Full Name (Last, First, Middle Initial) Mr. Hugh Greene		Date of Receipt
Mailing Address 800 Prudential Drive)	0 2 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18977717
<u>Jacksonville</u>	FL 32207-8202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baptist Health	Occupation President and Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Kathy Holzer		Date of Receipt
Mailing Address 306 East College Av	/enue	0 2 / 2 4 / 2 0 1 1
City <u>Tallahassee</u>	State Zip Code FL 32301-1522	Transaction ID: 18977724 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	700.00
Name of Employer Florida Hospital Associat- ion	Occupation Vice President, Health Policy]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
SUBTOTAL of Receipts This Page (optional))	3500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	statements may not be sold or used by an name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Christine Johnson Mailing Address 9059 Hampton Landin		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18977726
Jacksonville FEC ID number of contributing federal political committee.	FL 32256-4586	Amount of Each Receipt this Period 500.00
Name of Employer Baptist Medical Center So- uth Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Assistant Administrator Aggregate Year-to-Date 500.0	00
Full Name (Last, First, Middle Initial) Mr. John E. Mines Mailing Address 1991 Killarney Drive		Date of Receipt 0 2 2 4 2 0 1 1
City	State Zip Code	Transaction ID: 18977733
Winter Park	FL 32789-3527	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1001.00
Name of Employer Florida Hospital Associat- ion	Occupation Senior Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.0	00
Full Name (Last, First, Middle Initial) Jason Moore		Date of Receipt
Mailing Address 2112 Doral Drive		02 / 24 / 2011
City	State Zip Code	Transaction ID: 18977734
Tallahassee	FL 32312-3159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation Chief Operating Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.0	00
		2001.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	nd Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAGE	C	
Full Name (Last, First, Middle Initial) Mr. Mark O'Bryant		Date of Receipt
Mailing Address 1300 Miccosukee F	Road	02 24 2011
City	State Zip Code	Transaction ID: 18977735
Tallahassee	FL 32308-5054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Tallahassee Memorial Heal- thCare	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Jerry Palmer	I	Date of Receipt
Mailing Address 307 Park Lake Circ	le	02 / 24 / 2011
City	State Zip Code	Transaction ID: 18977737
Orlando	FL 32803-3923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	545.00
Name of Employer Florida Hospital Associat- ion	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 545.00	
Full Name (Last, First, Middle Initial) Mr. Stephen A Purves, , FACHE		Date of Receipt
Mailing Address P O Box 6000		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ocala	State Zip Code FL 34478-6000	Transaction ID: 18977738 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Munroe Regional Medical Center	Occupation President and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2545.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 62 (check only one) X
	nd Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association PAGE	C	
Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen		Date of Receipt
Mailing Address 405 El Destinado D	Prive	02 24 2011
City	State Zip Code	Transaction ID: 18977739
Tallahassee	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Florida Hospital Associat-	Occupation	
ion	VP for Strategic Communications	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Ms. Kathy A. Reep	1	Date of Receipt
Mailing Address 19 W. New Hamps	hire	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 18977740
<u>Orlando</u>	FL 32804-5911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Florida Hospital Associat- ion - Orlando	Occupation Vice President, Financial Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben		Date of Receipt
Mailing Address 306 East College A	venue	02 24 2011
City	State Zip Code	Transaction ID: 18977741
<u>Tallahassee</u>	FL 32301-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer Florida Hospital Associat- ion	Occupation President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 36 / 62 (check only one) X		
	on copied from such Reports and stricted purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	n Hospital Association PAC			
Ms. Kim St				Date of Receipt
Mailing Ad	Idress 1317 Eastin Avenue			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: 18977743
<u>Orlando</u>		FL	32804-6309	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		750.00
Name of E	Employer ospital Associat-	Occupatio		
<u>ion - Orlar</u>	ndo		th Research & Information	_
Receipt Fo		Aggregate	Year-to-Date ▼ 750.00	
Full Name Mr. Larry V	e (Last, First, Middle Initial) Valker	1		Date of Receipt
Mailing Ad				0 2 2 4 2 0 1 1
City		State	Zip Code	Transaction ID: 18977747
Lake Os	wego	OR	97035-5745	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		1000.00
Name of E Walker Co	Employer ompany, The	Occupatio Presiden		
Receipt Fo		Aggregate	Year-to-Date ▼ 1000.00	
Full Name Mr. John W	e (Last, First, Middle Initial) Vilgis			Date of Receipt
Mailing Ad	ddress 307 Park Lake Circle			M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 18977749
<u>Orlando</u>		FL	32803-3923	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		1200.00
<u>ion</u>	Employer spital Associat-	Occupatio Director,	n Emergency Mgmt. Svcs.	
Receipt Fo		Aggregate	e Year-to-Date ▼ 1200.00	1

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any persor name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mr. Steve Altmiller		Date of Receipt
Mailing Address 830 South Gloster Stre		0 2 0 9 2 0 1 1
City Tupelo	State Zip Code MS 38801-4934	Transaction ID: 18977803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer North Mississippi Medical Center - Tup Receipt For: Primary General Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Mr. Chris Anderson Mailing Address 2809 Denny Avenue		Date of Receipt
	7.0.1	02 09 2011
City Pascagoula	State Zip Code MS 39581-5300	Transaction ID: 18977804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Singing River Health Syst- em	Occupation Chief Executive Officer	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron		Date of Receipt
Mailing Address 28 Waterford Place		02 09 2011
City	State Zip Code	Transaction ID: 18977811
Jackson FEC ID number of contributing federal political committee.	MS 39211-2945	Amount of Each Receipt this Period 560.00
Name of Employer Mississippi Hospital Asso- ciation	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)		1310.00
TOTAL This Period (last page this line number		

Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock GA FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Vision	Zip Code 39110-4522	Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: 18977831 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Eddie L. Foster Mailing Address 116 Woodgreen Crossing City State Madison MS FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) Chief Ope Aggregate Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock GA FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Vie	39110-4522 Perating Officer Year-to-Date ▼ 250.00	Transaction ID: 18977831 Amount of Each Receipt this Period 250.00 Date of Receipt
City Madison FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation C C Occupation Aggregate Aggregate C C Occupation Chief Ope Aggregate Aggregate C Occupation City State GA FEC ID number of contributing federal political committee. Occupation Senior Views	39110-4522 Perating Officer Year-to-Date ▼ 250.00	Transaction ID: 18977831 Amount of Each Receipt this Period 250.00 Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Mississippi Hospital Association Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock GA FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Chief Ope Aggregate Aggregate C C State GA C C	erating Officer Year-to-Date ▼ 250.00	Date of Receipt
Ciation Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Vie	erating Officer Year-to-Date ▼ 250.00	<u> </u>
Ms. Ginger E. Anspaugh, FHFMA Mailing Address 4002 Sunhill Court City State Woodstock GA FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Vi		<u> </u>
Woodstock GA FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Violence Senior Violence Georgia Hospital Association		0 2 1 0 2 0 1 1
FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Occupation Senior Views	Zip Code	Transaction ID: 18978182
Georgia Hospitál Association Senior Vid	30189-2561	Amount of Each Receipt this Period 500.00
Receipt For: Aggregate	ce President & CFO	
Primary General Other (specify) ▼	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Kevin Bloye		Date of Receipt
Mailing Address 2813 Bakers Bridge Drive		02 10 YYYY 2011
City State	Zip Code	Transaction ID: 18978184
Douglasville GA FEC ID number of contributing federal political committee.	30134-862	Amount of Each Receipt this Period 375.00
Name of Employer Occupation Georgia Hospital Association Vice Pres	ident of Public Relations	
	Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (optional)		1125.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 62 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Mr. Robert E. Bolden		Date of Receipt
	Mailing Address 900 Powers Ferry Roa Suite 104		02 10 2011
	City Marietta	State Zip Code GA 30067-5774	Transaction ID: 18978185
	FEC ID number of contributing federal political committee.	GA 30067-5774	Amount of Each Receipt this Period 500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director of Fiscal Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
_	Full Name (Last, First, Middle Initial) Ms. Denise Flook		Date of Receipt
	Mailing Address 222 Jevelers Ridge		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: 18978186
	<u>Lilburn</u>	GA 30047-2912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	180.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director, Workforce Development	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00]
	Full Name (Last, First, Middle Initial) Ms. Danae Gambill		Date of Receipt
	Mailing Address 1345 Towne Lake Hills 2000-402		02 10 2011
	City	State Zip Code GA 30189-5350	Transaction ID: 18978188
	Woodstock FEC ID number of contributing federal political committee.	GA 30189-5350	Amount of Each Receipt this Period 250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Director of Government Relations	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	500.00	
			930.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 62 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Mr. Andrew Goodwin		Date of Receipt
	Mailing Address 1675 Terrell Mill Road City	State Zip Code	0 2 1 0 2 0 1 1 Transaction ID: 18978189
	Marietta	GA 30067-8339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	300.00
	Name of Employer Georgia Hospital Associat- ion	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Ms. Lynn Hale Mailing Address 2016 Harbor Forest Dri	ve	Date of Receipt
			02 10 2011
	City	State Zip Code	Transaction ID: 18978190
	Marietta FEC ID number of contributing federal political committee.	GA 30064-8378	Amount of Each Receipt this Period 250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Assistant to the President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00]
_	Full Name (Last, First, Middle Initial) Ms. Martha Harrell		Date of Receipt
	Mailing Address 109 Springs Drive		0 2
	City	State Zip Code	Transaction ID: 18978191
	Roswell FEC ID number of contributing federal political committee.	GA 30075-4825	Amount of Each Receipt this Period 250.00
	Name of Employer Georgia Hospital Associat- ion	Occupation VP Educational Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Ethan James Mailing Address 1675 Terrell Mill Road City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30067-8339 C Occupation Director of Grassroots and Advocacy Aggregate Year-to-Date 1008.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 1 0 2 0 1 1 Transaction ID: 18978403 Amount of Each Receipt this Period 504.00
Full Name (Last, First, Middle Initial) Ms. Kathryn McGowan Mailing Address 4546 Windsor Oaks C City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30066-2241 C Occupation Dir, Partnership for Health and Account Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Vi B. Naylor Mailing Address 190 Hunting Creek Dri City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30068-3416 C Occupation Executive Vice President Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 1 0 2 0 1 1 Transaction ID: 18978407 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		1254.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 62 (check only one) X
A C	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	tatements may i name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Mr. Joseph A. Parker Mailing Address 3497 Mill Bridge Drive City	State	Zip Code	Date of Receipt M
	<u>Marietta</u>	GA	30062-5598	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1200.00
	Name of Employer Georgia Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼		& Chief Executive Officer ✓ ear-to-Date 2400.00]
3.	Full Name (Last, First, Middle Initial) Mr. Rhett C. Partin Mailing Address Route 2 Box 3425			Date of Receipt 0 2 1 0 2 2 0 1 1
	City	State	Zip Code	Transaction ID: 18978409
	Nashville	GA	31639-9537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Georgia Hospital Associat- ion	-	Director, The Center for Ru	ur
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00]
	Full Name (Last, First, Middle Initial) Mr. Glenn Pearson			Date of Receipt
	Mailing Address 660 Crossfire Ridge			0 2 1 0 2 0 1 1
	City	State	Zip Code	Transaction ID: 18978410
	Marietta	GA	30064-1393	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Georgia Hospital Associat- ion	Occupation Executive	Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)			1950.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 62 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Joyce Reid Mailing Address 1675 Terrell Mill Rd City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30067-8339 C Occupation Health and Accountability Specialist, Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 18978412 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. Earl Rogers Mailing Address 1675 Terrell Mill Road City Marietta FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30067-8339 C Occupation Senior VP, Government Relations Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y O 2 1 0 2 2 0 1 1 Transaction ID: 18978413 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Ms. Temple Sellers Mailing Address 1782 Briar Lake Circle City Decatur FEC ID number of contributing federal political committee. Name of Employer Georgia Hospital Association Receipt For: Primary General Other (specify)	State Zip Code GA 30033-1110 C Occupation Vice President, Legal Services Aggregate Year-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 62 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Carie Summers		Date of Receipt
Mailing Address 1675 Terrell Mill Road		02 10 2011
City Marietta	State Zip Code GA 30067-8339	Transaction ID: 18978419 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Georgia Hospital Associat- ion	Occupation Vice President, Financial Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Ms. Karen Waters		Date of Receipt
Mailing Address 1569 Asheforde Drive		02 10 2011
City	State Zip Code	Transaction ID: 18978420
Marietta FEC ID number of contributing	GA 30068-1850	Amount of Each Receipt this Period 500.00
federal political committee.		
Name of Employer Georgia Hospital Associat- ion	Occupation Vice President, Professional Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr.	1	Date of Receipt
Mailing Address 6225 US Hwy 290 E		0 2 2 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Austin	State Zip Code TX 78761-5587	Transaction ID: PR331416024886
FEC ID number of contributing federal political committee.	C 70701-3307	Amount of Each Receipt this Period 120.00
Name of Employer American Hospital Associa- tion-Chicago	Occupation AHA Regional Executive for TX	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$60.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		1120.00
		65006.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	(crieck drily drie)
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Mentzer Media		Date of Receipt
Mailing Address 600 Fairmount Avenue Suite 306		02 23 2011
City	State Zip Code	Transaction ID: 18920864
Towson	MD 21286	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1334.52
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1334.5	Refund from Media Buy

SUBTOTAL of Receipts This Page (optional)	•	1334.52
TOTAL This Period (last page this line number only)	•	1334.52

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 62 (check only one)	
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17	
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	tements mag ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt	
	Mailing Address One Empire Drive			02 23 7 2011	
	City	State	Zip Code	Transaction ID: 18925236	
	Rensselaer	NY	12144	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C C00	0160259	25000.00	
	Name of Employer	Occupatio	n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 75000.00		
В.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of PA - Federal F	Political Actio	n Comm (HAPAC)	Date of Receipt	
	Mailing Address Post Office Box 8600			0 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 18962581	
	<u>Harrisburg</u>	PA	17105-8600	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C C00	0128082	10000.00	
	Name of Employer	Occupatio	n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional)	•	35000.00
TOTAL This Period (last page this line number only)		35000.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		INE NUMBER: PAGE 47 / 62							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22							
Any Information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full) American Hospital Association PAC	to and address of any pointed									
Full Name (Last, First, Middle Initial) LEGPAC			Transaction ID: 18907411 Date of Disbursement							
Mailing Address 38 Ivy Street, SE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}$							
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period							
Purpose of Disbursement 2011 Contribution		011	2500.00							
Candidate Name LEGPAC		Category/ Type								
Senate President	ement For: Primary General Other (specify)		2011 Contribution							
State: District: Full Name (Last, First, Middle Initial)			Transaction ID: 10007410							
· Nelson 2012			Transaction ID: 18907412 Date of Disbursement							
Mailing Address PO Box 8666			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 2 \end{smallmatrix} \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 3 & 1 & 1 \end{bmatrix}$							
City Omaha	State Zip Code NE 68108		Amount of Each Disbursement this Period							
Purpose of Disbursement Contribution Candidate Name Sen. Ben Nelson		011 Category/ Type	1000.00							
Office Sought: House Disburs	ement For: 2012 (Primary General Other (specify)	Турс	Contribution							
Full Name (Last, First, Middle Initial) Citizens For Harkin			Transaction ID: 18907413 Date of Disbursement							
Mailing Address P O Box 811			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix}$							
City Des Moines	State Zip Code IA 50304		Amount of Each Disbursement this Period							
Purpose of Disbursement Contribution		011	2500.00							
Candidate Name Sen. Tom Harkin		Category/ Type								
X Senate President	ement For: 2014 (Primary General Other (specify)		Contribution							
State: IA District:										
SUBTOTAL of Disbursements This Page (optional		>	6000.00							
TOTAL This Period (last page this line number only	r)									

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the				JIE(S) (chock only one)						PAGE	48 /	62
FEMIZED DISBURSEMENTS		Summary Page		À	21b 27	22 28a		23		24 28		25 29	
ny Information copied from such Reports and State r for commercial purposes, other than using the nar													s
NAME OF COMMITTEE (In Full)	ne and addre	ss of arry political	COII		CC 10 S	Olicit Col	ILLIDU	ition	3 1101	iii Suci	II COIII	Tittlee	
American Hospital Association PAC													
·													
Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown										1890 ment	07414	1	
Mailing Address PO Box 76187						o ^M 2	2 ^M	/	0	2 /	YZ	2 0 1 ·	1 Y
City Washington	State DC	Zip Code 20013			Amount of Each Disbursement th								Perio
Purpose of Disbursement Contribution			Г	011	· I						10	00.00))
Candidate Name Sen. Sherrod Brown			С	ateg	ory/								
	sement For: C Primary Other (spe	2012 General				Con	tribu	ıtioı	า				
State: OH District:		<i>,</i> , ▼											
Full Name (Last, First, Middle Initial) Cummings for Congress										1890 ment	07415	5	
								/ [Y	/ _ Y	. Y
Mailing Address PO Box 1631						02 02 7 2011							
City Baltimore	State MD	Zip Code 21203				Amo	ount	of E	ach [Disbur	semer	nt this	Perio
Purpose of Disbursement Contribution				011	ı				_		10	00.00)
Candidate Name Rep. Elijah E. Cummings			С	ateg	ory/								
-	sement For: C Primary Other (spe	2012 General				Con	tribu	utio	า				
State: MD District: 07													
Full Name (Last, First, Middle Initial) Montanans For Tester						1				1890 ment	07416	6	
Mailing Address PO Box 1135						o ^M 2	2 ^M	/	^D 0	^D /	Y	2 0 1 ·	1 Y
City Helena	State MT	Zip Code 59624				Amo	ount	of E	ach [Disbur	semer	nt this I	Perio
Purpose of Disbursement Contribution			Г	011							25	00.00)
Candidate Name Sen. Jon Tester	ate Name Categ												
	sement For: C Primary Other (spe	2012 General				Con	tribu	utio	า				
State: MT District:	0.1.01 (000	,, ▼											
OUDTOTAL (CD)											45	00.00	<u> </u>
SUBTOTAL of Disbursements This Page (optional))						_		_	-	45	UŲ.U	

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)			check on	E NUMBER: PAGE 49 / 62
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stat or commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,				
<u> </u>	Full Name (Last, First, Middle Initial) Rehberg For Congress					Transaction ID: 18907417 Date of Disbursement
	Mailing Address PO Box 1597					$\begin{bmatrix} 0 & 2 & M & 1 & 0 & 0 & 0 & 1 & 1 & 1 & 1 & 1 & 1$
	City Helena	State Zip Code MT 59624				Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			_	11	2500.00
	Candidate Name Rep. Dennis R. Rehberg				egory/ vpe	
	Senate President	x Primary 2012 X Primary General Other (specify)				Contribution
	State: MT District: 01 Full Name (Last, First, Middle Initial)					Transaction ID: 18907418
	Cantor For Congress Mailing Address P. O. Box 17813					Date of Disbursement M M D D D V Y Y Y Y Y Y Y Y Y
	City Richmond	State Zip Code VA 23226				Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			_	11	1000.00
	Candidate Name Rep. Eric I. Cantor				egory/ rpe	
		x Primary General Other (specify)			•	Contribution
	Full Name (Last, First, Middle Initial) Larry Kissell For Congress					Transaction ID: 18907419 Date of Disbursement
	Mailing Address PO Box 1530					$\begin{bmatrix} 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 $
	City Biscoe	State Zip Code NC 27209				Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution			_	11	1000.00
	Candidate Name Rep. Larry Kissell				egory/ /pe	
	9 7	x Sement For: 2012 X Primary General Other (specify)	1	<u>-</u>		Contribution
_	GIAIG. ING DISTINGT VO					4500.00

	PHEDULE	3 (FEC Form	² Use sep	arate schedule(s)	_	DR LINE NUMBER: PAGE 50 / 62						
ΙΤ	EMIZED DI	SBURSEMEN	ITS for each	category of the Summary Page	(check onl	y one) 22 X 23 24 25 282 284 25 29 324 325 326 3						
					d by any person	for the purpose of soliciting contributions						
or 1	•	•	ng the name and addre	ess of any political	I committee to so	plicit contributions from such committee						
\rangle	American Hos	pital Association F	PAC									
		First, Middle Initial) Re-Elect Ed Towns	3			Transaction ID: 18926155 Date of Disbursement						
	Mailing Address	438 Lewis Ave	nue			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Brooklyn		State NY	Zip Code 11233		Amount of Each Disbursement this Perio						
	Purpose of Disbu Contribution	ırsement			011	1000.00						
	Candidate Name Rep. Edolphus				Category/ Type							
	Office Sought:	X House Senate President	Disbursement For: X Primary Other (sp	2012 General ecify) ▼		Contribution						
	State: NY	District: 10 First, Middle Initial)										
	Heller For Cor					Transaction ID: 18926156 Date of Disbursement						
	Mailing Address	PO Box 53108	6			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Henderson		State NV	Zip Code 89053		Amount of Each Disbursement this Perio						
	Purpose of Disbu Contribution	ırsement			011	4000.00						
	Candidate Name Rep. Dean He				Category/ Type							
	Office Sought: State: NV	X House Senate President District: 02	Disbursement For: X Primary Other (sp	2012 General ecify)		Contribution						
		First, Middle Initial)	1			Transaction ID: 18926157 Date of Disbursement						
	Mailing Address	1071 Turin Bra	nch Lane			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$						
	City Weston		State FL	Zip Code 33326		Amount of Each Disbursement this Perio						
	Purpose of Disbu 2011 Contribution				011	5000.00						
	Candidate Name Democrats Wi	n Seats PAC			Category/ Type							
	0(() 0 -	House	Disbursement For:	General		2011 Contribution						
	Office Sought: State:	Senate President District:	Other (sp									

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 62								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b						
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	c and address of any pointed out		ion contributions from	1 3doil doillillided						
American Hospital Association PAC										
Full Name (Last, First, Middle Initial) McCaskill For Missouri			Transaction ID: Date of Disbursem							
Mailing Address PO Box 6771			02 17	2 0 1 1						
City St Louis	State Zip Code MO 63144		Amount of Each D	isbursement this Period						
Purpose of Disbursement Contribution		011		1000.00						
Candidate Name Sen. Claire McCaskill		Category/ Type								
	ement For: 2012 Primary General Other (specify)		Contribution							
Full Name (Last, First, Middle Initial)				10000150						
GOP Generation Y Fund			Transaction ID: Date of Disbursem	nent						
Mailing Address PO Box 10555			02 22	ŶŶŶŎĬĬ						
City Peoria	State Zip Code IL 61612		Amount of Each D	isbursement this Period						
Purpose of Disbursement 2011 Contribution		011		5000.00						
Candidate Name GOP Generation Y Fund		Category/ Type								
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		2011 Contributio	on						
Full Name (Last, First, Middle Initial) Feinstein For Senate			Transaction ID: Date of Disbursem							
Mailing Address 1212 S Victory Blvd			02 7 2 2	2011						
City Burbank	State Zip Code CA 91502		Amount of Each D	isbursement this Period						
Purpose of Disbursement Contribution		011		2000.00						
Candidate Name Sen. Dianne Feinstein		Category/ Type								
	ement For: 2012 Primary General Other (specify)		Contribution							
SUBTOTAL of Disbursements This Page (optional)				8000.00						
TOTAL This Period (last page this line number only										
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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OR LIN	NE NUMBER: PAGE 52/6							62			
ITEMIZED DISBURSEMENTS		category of the Summary Page		Ė	21b 27	Ä	22 28a	X	23 28b	24 28c	F	25 29	26 30b			
Any Information copied from such Reports and Stater													S			
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and addres	ss of any political	com	nm	littee to s	SOIIC	t contr	ibuti	ons tro	om such (comr	nittee				
American Hospital Association PAC																
Full Name (Last, First, Middle Initial) Pete King For Congress Committee									on ID:	18926 ement	161					
Mailing Address Post Office Box 1428						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$										
City Seaford	State NY	Zip Code 11783					Amount of Each Disbursement this Period									
Purpose of Disbursement Contribution											20	00.00)			
Candidate Name Rep. Peter T. King					egory/ ype											
	ement For: Primary Other (spe	2012 General					Contri	ibut	ion							
Full Name (Last, First, Middle Initial)							Trana		ID:	10006	160	<u> </u>				
Texans For Lamar Smith						Transaction ID: 18926162 Date of Disbursement										
Mailing Address PO Box 6155						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
City San Antonio	State TX	Zip Code 78209					Amou	nt of	Each	Disburse			-			
Purpose of Disbursement Contribution				0	11		L.				20	00.00)			
Candidate Name Rep. Lamar S. Smith					egory/ ype											
Senate X President	ement For: Primary Other (spe	2012 General					Contri	ibut	ion							
State: TX District: 21																
Full Name (Last, First, Middle Initial) Tuesday Group PAC							Date of	of Di	sburse				V			
Mailing Address PO Box 40385							0 2	M	1	0 /	Ž	0 Ť	1			
City Washington	State DC	Zip Code 20016					Amou	nt of	Each	Disburse	-					
Purpose of Disbursement 2011 Contribution				0	11		L.	_			15	00.00)			
Candidate Name Tuesday Group PAC	esday Group PAC															
Senate President	Senate Primary Ge President Other (specify) ▼						2011	Cor	ntribut	tion						
State: District:																
SUBTOTAL of Disbursements This Page (optional)					. •						55	00.00)			

TOTAL This Period (last page this line number only)

CHEDULE B (FEC FOIII 3X)		arate schedule(s)				NUMBER: PAGE 53 / 62
TEMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page		À	eck only 21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Starr for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial)						Transaction ID: 18926164
DANPAC						Date of Disbursement
Mailing Address 1088 Bishop Street Suite 1009						$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & D \\ 1 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$
City Honolulu	State HI	Zip Code 96813				Amount of Each Disbursement this Period
Purpose of Disbursement	ПІ	96613	_			5000.00
2011 Contribution				011		
Candidate Name DANPAC				atego Type	- 1	
	rsement For:					2011 Contribution
Senate President	Other (spe	General				
State: District:	(-p-	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)						Transaction ID: 18926165
The Freedom Project						Date of Disbursement
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City Washington	State DC	Zip Code 20003				Amount of Each Disbursement this Period
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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,,,								
<u> </u>	Full Name (Last, First, Middle Initial) Arkansas for Leadership PAC						action ID f Disburs	: 1892 ement	6167		
	Mailing Address PO Box 1672					0 2		10 /	Ý Ž () 1 1 °	Y
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American Hospital Association PAC																		
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Friends Of John Barrasso							Date	_	isb				V	v	V			
Mailing Address PO Box 52008	ailing Address PO Box 52008							02 10 7 2011										
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Candidate Name Sen. John A. Barrasso, MD					egory/ ype													
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Congressman Bill Young Campaign Comm	nittee						Date						.,.					
Mailing Address P. O. Box 47025						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$												
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•	State FL	Zip Code 33743					Amou	int o	fΕ	ach	Dis	sburse	men	t this I	Period			
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Full Name (Last, First, Middle Initial)							Trans	acti	on	ID:	-	18926	172	<u> </u>				
Simpson For Congress							Date			urse	eme	ent						
Mailing Address 1487 Parkway Drive							0 ^M 2	М	[′]	^D 1	0	/ Y	ž	0 ť	1			
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Candidate Name																		
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SCHEDULE B (FEC Form 3X)								FOR LINE NUMBER: PAGE 56 / 62 (check only one)										
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		nеск оі 1 21b	niy one) 22	Гх	23	☐ 24	Г	25	☐ 26								
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NAME OF COMMITTEE (In Full)	The and address of any political oc			7011011 00			0111 00011	001111										
American Hospital Association PAC																		
Full Name (Last, First, Middle Initial) Culberson For Congress						tion ID	: 1892	3173	3									
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Mailing Address P.O. Box 41964									$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$									
City Houston	State Zip Code TX 77241			Am	ount o	of Each	Disburs	emer	t this	Period								
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Candidate Name Rep. John Abney Culberson		Cate	gory/															
	sement For: 2012	Тур	oe															
Senate President	X Primary General Other (specify) ▼			Cor	ntribu	ition												
State: TX District: 07																		
Full Name (Last, First, Middle Initial) Graves For Congress						t ion ID Disburs	: 1892 ement	6174	ļ									
Mailing Address 2345 Grand, Suite 2400)																	
City Kansas City	State Zip Code MO 64108			Am	ount o	of Each	Disburs	emer	t this	Period								
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Candidate Name Rep. Samuel B. Graves, Jr.	-	Cate	gory/															
Office Sought: X House Disbur	sement For: 2012	,,		Cor	ntribu	tion												
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State: MO District: 06	Other (specify)																	
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID	: 1892	3175	5									
Vern Buchanan For Congress						Disburs												
Mailing Address P. O. Box 48928				0	2 ^M	/ D	0 /	ž	0 1	1 ^Y								
City Sarasota	State Zip Code FL 34230			Am	ount o	of Each	Disburs	emer	t this	Period								
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Candidate Name Rep. Vern Buchanan		Cate Typ																
	sement For: 2012 X Primary General Other (specify)			Cor	ntribu	ition												
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NAME OF COMMITTEE (In Full)																
American Hospital Association PAC																
Full Name (Last, First, Middle Initial) Jeff Duncan For Congress									on ID:	1892	6176	6				
Mailing Address PO Box 732								M	/ D	0 /	Y	0 1	1 Y			
City Clinton	State SC	Zip Code 29325					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od		
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	ement For: Primary Other (spe	General				(Contri	but	ion							
State: SC District: 03																
Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee										1892	6177	7				
						Date of Disbursement 0 2 1 0 2 0 1 1										
Mailing Address PO Box 777							0 2		<u></u>	U		- 0 1	'			
City Deer Park	State NY	Zip Code 11729				Amount of Each Disbursement this Period										
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Candidate Name Rep. Steve J. Israel					tegory/ ype											
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President	Other (spe															
State: NY District: 02																
Full Name (Last, First, Middle Initial) Tiberi For Congress							Date o	of D	isburse							
Mailing Address 2931 E Dublin Granville Suite 190	Road						0 2	М	[/] 1	0 /	Y	2 0 1	1 Y			
City Columbus	State OH	Zip Code 43231					Amou	nt o	f Each	Disburs	emer	nt this	Perio	od		
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Contribution		Ĺ	_	011 tegory/												
Candidate Name Rep. Patrick J. Tiberi	Rep. Patrick J. Tiberi															
	Senate X Primary 0						Contri	but	ion							
State: OH District: 12	- (-150	<i>→</i> , ∀														
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NAME OF COMMITTEE (In Full)	71											
American Hospital Association PAC												
Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.				Transaction Date of Disk	_	-	9					
Mailing Address PO Box 682185				02 10 7 2011								
City Franklin	State Zip Code TN 37068			Amount of E	Each Disbu	ırsemer	nt this F	Period				
Purpose of Disbursement Contribution)11			10	00.00					
Candidate Name Rep. Marsha Blackburn		1	egory/ ype									
Senate X President	ement For: 2012 Primary General Other (specify)			Contributio	on							
State: TN District: 07 Full Name (Last, First, Middle Initial)				Transaction	_)					
Friends Of John Boehner				Date of Dist	D D /		YY	Υ				
Mailing Address 7908 Cincinnati Dayton I Suite I				0.2	10		2 0 1 1					
City West Chester	State Zip Code OH 45069			Amount of E	Each Disbu	ırsemer	nt this F	Period				
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Candidate Name Rep. John A. Boehner			egory/ ype									
	ement For: 2012 Primary General Other (specify)			Contributio	on							
Full Name (Last, First, Middle Initial) Friends Of Dave Reichert				Transaction Date of Disk	_	92618 ⁻	1					
Mailing Address P. O. Box 53322				02 /	10	Y	2 0 1 1	Y				
City Bellevue	State Zip Code WA 98015			Amount of E	Each Disbu	ırsemei	nt this F	Period				
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Candidate Name Rep. David George Reichert			egory/ ype									
Senate President X	ement For: 2010 Primary General Other (specify) eneral Debt Re			Contributio	on							
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American Hospital Association PAC															
Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee					Transaction ID: 18926182 Date of Disbursement										
Mailing Address PO Box 360							$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & 1 & 1 \end{bmatrix}$								
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Candidate Name Rep. Michael Avery Ross	,	Cate	egory/ /pe												
Senate President	ement For: 2012 Primary General Other (specify)			C	ontrik	outi	on								
State: AR District: 04															
Full Name (Last, First, Middle Initial) Roskam For Congress Committee					Transaction ID: 18926183 Date of Disbursement										
Mailing Address P. O. Box 713				$\begin{bmatrix} 0 & 2 & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$											
City Wheaton	State Zip Code IL 60187			A	Amoun	t of	Each	Disbu	ser						
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Candidate Name Rep. Peter Roskam			Category/ Type												
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Full Name (Last, First, Middle Initial)				+_				400	00-	404					
Stivers For Congress Mailing Address 4679 Winterset Drive					Transaction ID: 18926184 Date of Disbursement										
				02 / 10 / 2011											
City Columbus	State Zip Code OH 43220			A	Amoun	t of	Each	Disbu	ser	-					
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Candidate Name Category/ Rep. Steve Stivers Type															
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State: OH District: 15															
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\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC					
<u>/</u>	Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md For Congres	s, Inc.				Transaction ID: 18926185 Date of Disbursement
	Mailing Address PO Box 80126					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Lafayette	State Zip Code LA 70598				Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			Q	11	1000.00
	Candidate Name Rep. Charles W. Boustany, Jr.				egory/ /pe	
	Senate President	bursement For: 2012 X Primary General Other (specify)				Contribution
	State: LA District: 07 Full Name (Last, First, Middle Initial)					Transaction ID: 18926186
	Sherman For Congress	11. 4040				Date of Disbursement O 2 1 0 7 2 0 1 1
	Mailing Address 555 So.Flower St. S	uite 4210				02 10 2011
	City Los Angeles	State Zip Code CA 90071				Amount of Each Disbursement this Period
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	Candidate Name Rep. Brad Sherman				egory/ /pe	
	Office Sought: X House Senate President State: CA District: 27	bursement For: 2012 X Primary General Other (specify) ▼				Contribution
	Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress					Transaction ID: 18926187 Date of Disbursement
	Mailing Address P.O. Box 1441					02 / 10 / 2011
	City Topeka	State Zip Code KS 66601				Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			_	11	2500.00
	Candidate Name Rep. Lynn Jenkins				egory/ /pe	
	Office Sought: X House Senate President State: KS District: 02	bursement For: 2012 X Primary General Other (specify)	-			Contribution
	Olaio. NO District. U2					

President

District: 20

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American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 18926188
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Mailing Address P.O. Box 1776			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 2 & 0 & 1 & 1 \end{bmatrix}$
7	State Zip Code		Amount of Each Disbursement this Period
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Contribution		011	
Candidate Name Rep. Jason Altmire		Category/ Type	
X	ement For: 2012 Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Transaction ID: 18978447
Wasserman-Schultz For Congress			Date of Disbursement
Mailing Address 1071 Twin Branch Ln			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{smallmatrix} \end{bmatrix} $
City Weston	State Zip Code FL 33326		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	5000.00
Candidate Name Rep. Debbie Wasserman-Schultz		Category/ Type	
X	ement For: 2012 Primary General		Contribution

SUBTOTAL of Disbursements This Page (optional)		8000.00			
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Other (specify)

State: FL

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 62/62 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 18974739 Merchant Bankcard Date of Disbursement 03 0 2 2011 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 171.58 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 18974746 Citibank, F.S.B. Date of Disbursement 18 2011 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 2.94 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	174.52
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Other (specify)

State: